



# HOW TO: HEALTHCARE

**Americorps VISTA C3 Twin Cities  
2016-2017**

**By: Jay Klyman**

# INDEX

Because unfortunately this application is kind of complicated. Don't worry there are pictures of cats to get you through.

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LOG INTO THE IMG  
PORTAL  
SLIDES 4-9

## Welcome to the AmeriCorps VISTA healthcare program website!

The information on this site is designed to help you understand the benefits available to you through AmeriCorps VISTA.

**Which Plan is Right For You?**

Learn more about the two health programs offered to VISTA members:

**AmeriCorps VISTA  
Health Benefit Plan**

**AmeriCorps VISTA  
Healthcare Allowance**

### AmeriCorps MyIMGVISTA Login

Login below or create an account to enroll in a benefit plan and/or to access your plan information.

Your MyIMGVISTA account will also provide you access to personal plan information, complete a member enrollment form, claims status, and electronic ID card.  
Don't have an account? Get one now. It's easy!

User ID

Password

Login

New User

[Forgot Your User ID?](#) [Forgot Your Password?](#)

1. <https://americorpsvista.imglobal.com/Americorps/homepage.aspx>

# CREATE MEMBERSHIP

User ID

Password

Login

[New User](#)

[Forget Your User ID?](#) [Forget Your Password?](#)

**CLICK HERE**

[New User](#)

[Forget Your Password](#)

# WHICH WILL TAKE YOU TO THIS PAGE

## New User Registration

Step 1 of 4

Member ID or NSPID\*

When entering your NSPID, add zeros ahead of the number so it is eight digits long, e.g. 00089345.

You can find your NSPID on your member homepage of my.americorps.gov. It's just below your name.

AND

Date of Birth\*



Enter date as MM/DD/YYYY or DD-Mon-YYYY.  
Examples: 01/30/1970 or 30-Jan-1970

Continue



\* Required fields

# THE NUMBER FOR NSPID

If you are unsure of your NSPID # or only have an Applicant ID #, then you may want to try using your Member ID# 82954536 instead, along with your date of birth.

**82954536**

ONCE YOU ENTER YOUR NSPID + DATE OF BIRTH YOU WILL ARRIVE  
HERE

## Create Your MyIMGVISTA Account

Enroll Now

Live Chat

I'm online.



### New User Registration

Step 3 of 4

User ID

Password

Confirm Password

E-mail Address

Confirm E-mail Address

Submit



# WHICH WILL TAKE YOU HERE

## AmeriCorps MyIMGVISTA Login

Login below or [create an account](#) to enroll in a benefit plan and/or to access your plan information.

Your MyIMGVISTA account will also provide you access to personal plan information, complete a member enrollment form, claims status, and electronic ID card.

Don't have an account? [Get one now.](#) It's easy!

User ID

jklyman

Password

.....

Login

New User

[Forgot Your User ID?](#) [Forgot Your Password?](#)

OMG YAY YOU MADE IT THROUGH THE  
IMG PROCESS  
TO THE MEMBER  
PORTAL



CREATING YOUR  
MEMBER ACCOUNT  
SLIDES 12-15

# YOUR MEMBERSHIP HOME PAGE

A screenshot of a web browser displaying the MyIMG VISTA membership home page. The browser's address bar shows the URL: <https://americorpsvista.imglobal.com/auth/welcome.aspx>. The page features a navigation bar with links: HOME, MY ACCOUNT, CLAIMS, COVERAGE, INFORMATION CENTER, CONTACT US, and LOGOUT. The user is logged in as KLYMAN, SARAH with Plan ID: AVHBP00224287.

**Welcome to MyIMG VISTA**

Currently logged in as:  
**KLYMAN, SARAH**  
Plan ID: AVHBP00224287

What would you like to do?

- Enrollment**  
Now that you have created your AmeriCorps VISTA account, please proceed to the enrollment process.
- View My Claims**  
Need to review claims that you've submitted? Do so here. You can also generate Explanation of Benefits without delay.
- Get My ID Card**  
Did you misplace your IMG ID card? Click here to reprint one without difficulty.
- View Important Coverage Documents**  
Quickly and easily download certificate documents and dedicated forms from a central repository, including claim and enrollment forms.
- Precertification**  
Precertify your hospital admission by clicking here. Please note that precertification is a determination of medical necessity, not an assurance of coverage, verification of benefits or guarantee of payment.

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ICIC Initiative for a Competitive Inner City  
TOP WORK PLACES 2009  
BEST PLACES TO WORK IN INDIANA 2010

# CLICK HERE



## Enrollment

Now that you have created your AmeriCorps Vista account, please proceed to the enrollment process.



# WHICH WILL TAKE YOU HERE

A screenshot of a web browser displaying the MyIMG VISTA Member Enrollment page. The browser's address bar shows the URL: <https://americorpsvista.imglobal.com/americorps/switchplan.aspx>. The page features a navigation bar with links: HOME, MY ACCOUNT, CLAIMS, COVERAGE, INFORMATION CENTER, CONTACT US, and LOGOUT. The user is logged in as KLYMAN, SARAH with Plan ID: AVHBP00224287. A Live Chat button is visible in the top right corner.

**Welcome to MyIMG VISTA**

Currently logged in as:  
**KLYMAN, SARAH**  
Plan ID: AVHBP00224287

## Member Enrollment

Welcome to the MyIMGVISTA enrollment page! Please make the selection that best describes your current insurance status. Unless you are exempt from the mandate and can provide your government-issued Exemption Certificate Number (ECN), please understand that you are **required** to maintain coverage that is compliant with the Affordable Care Act (ACA) throughout your term of service in the AmeriCorps VISTA program. [To learn more about filing for an exemption, please visit: https://www.healthcare.gov/fees-exemptions/exemptions-from-the-fee/](https://www.healthcare.gov/fees-exemptions/exemptions-from-the-fee/)

**If you are not exempt, you will be allowed 60 days from your start date of service to obtain coverage.** You will be provided temporary coverage under the Health Benefit Plan while you are securing coverage, given that you select the appropriate option below.

- ☐ I have other healthcare coverage and wish to enroll in the Healthcare Allowance plan.
- ☐ I am exempt from the mandate to maintain healthcare coverage and DO NOT have any other healthcare coverage. I request enrollment in the Health Benefit Plan.
- ☐ I am not exempt from the mandate and intend to obtain required healthcare coverage within the next 60 days. I request temporary enrollment into the Health Benefit Plan. I understand that I MUST provide IMG with proof of coverage within 60 days.
- ☐ I choose to waive coverage under both plans offered through the AmeriCorps VISTA Health Benefit Program.

**Personal Information:**

Name:  Date of Birth:

IMG Member ID Number:

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# AT THIS POINT YOU'VE COME TO A CROSS ROADS WHICH PLAN DO YOU WANT?

If you are not exempt, you will be allowed 60 days from your start date of service to obtain coverage. You will be provided temporary coverage under the Health Benefit Plan while you are securing coverage, given that you select the appropriate option below.

- ☐ I have other healthcare coverage and wish to enroll in the Healthcare Allowance plan.
- ☐ I am exempt from the mandate to maintain healthcare coverage and DO NOT have any other healthcare coverage. I request enrollment in the Health Benefit Plan.
- ☐ I am not exempt from the mandate and intend to obtain required healthcare coverage within the next 60 days. I request temporary enrollment into the Health Benefit Plan. I understand that I MUST provide IMG with proof of coverage within 60 days.
- ☐ I choose to waive coverage under both plans offered through the AmeriCorps VISTA Health Benefit Program.



YAY YOU ARE  
NOW AN  
IMG MEMBER!!!!

AMERICORPS DOESN'T PAY  
YOU WHAT YOU'RE WORTH BUT IF YOU GET A STRESS REACTION  
FROM WORKING SO MUCH---YOU CAN SEE A DOCTOR!!!





# HEALTHCARE ALLOWANCE SLIDES 18-9

BEFORE YOU START THIS PROCESS HAVE....

1. Your insurance card
2. If someone else is the primary policy holder...have all of their information

GET THIS SCREEN  
WHEN YOU CLICK  
“HEALTHCARE  
ALLOWANCE”

82954536

Name of Insurance Company:

Insurance Company Phone Number:

Insurance Company Address:

City:  State:  Zip Code:

Policy Holder Name:  Policy Holder Date Of Birth:

Policy Number:

Policy Start Date:    Policy End Date:

Relationship To Policy Holder:  
☐ Other ☐ Parent ☐ Self ☐ Spouse

Type Of Coverage  
☐ Group ☐ Individual ☐ Medicaid ☐ Medicare ☐ Tricare

**Please Read Before Submitting:**

By confirming you have eligible insurance coverage and submitting this form, you are requesting enrollment in the AmeriCorps VISTA Healthcare Allowance plan. Based on your coverage status, you are acknowledging that you understand the AmeriCorps VISTA Healthcare Allowance plan will reimburse you for up to \$6600 for out of pocket expenses such as co-pays, deductibles, and coinsurance. You further understand that the allowance cannot be applied to insurance premiums and costs associated with the care of your spouse and/or dependents. You are further acknowledging that you understand that coverage under AmeriCorps VISTA Healthcare Allowance plan will end on your date of termination of service from AmeriCorps VISTA.





Once you submit the form, you will be officially placed in the AmeriCorps VISTA Healthcare Allowance plan. You will also receive an ID card and benefit guide that further describes the Allowance plan.

Placing your name in the box below acts as your official signature. By entering your name, you confirm the above information is true."

Online Signature. Enter your full name:

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FILL OUT ALL INFO ->

Jay at 15:04, Aug 16:

so i've put in my information and enrolled

Jay at 15:04, Aug 16:

how do i get access to the benefits?

mnelson at 15:05, Aug 16:

If you enroll online, simply log out and log back in so your account information will refresh and show your new information including your ID card will be able to be viewed and printed. I can confirm you are now enrolled in the AmeriCorps VISTA Healthcare Allowance Plan with an effective date of July 30, 2016.

# I NEED MY CO-PAYS COVERED....HOW DOES THAT WORK?

Jay at 15:06, Aug 18:

and i have a dr appointment today, how will i get the copay covered? i opted for the healthcare allowance plan

mnelson at 15:08, Aug 18:

What you will want to do is present your primary other insurance card at the time of service, and then also present your healthcare allowance plan ID card and inform the medical provider that the allowance plan is your secondary health coverage.

It is up to the medical provider's discretion if they will bill a secondary health coverage though. If you owe a copay, deductible, or coinsurance then you may submit a claim for reimbursement.

MY DOCTOR WON'T BILL THIS FOR ME?!?!

HERE'S THE LINK TO FILE A CLAIM

**<http://producer.imglobal.com/producerdocuments.ashx?documentid=3005>**

AHHHHH I HAVE A  
QUESTION THIS  
DIDN'T ANSWER

# GET THIS SCREEN???

## Customer Care Information

If you need assistance, click the Live Help box during business hours. (7:00 AM to 6:00 PM E.S.T.)  
Or you may e-mail Customer Care at [vistacare@imglobal.com](mailto:vistacare@imglobal.com).

Your account is inactive at this time.



**Return**



HAVE A MELTDOWN ABOUT WHY IT'S SO HARD TO ACCESS  
HEALTHCARE AND THE BUREAUCRACY OF AMERICORPS.



Your account is inactive at this time.



**Return**

# CONTACT

Their

Live chat

Is

Surprisingly

Helpful

International Medical Group

P.O. Box 88506, Indianapolis, IN 46208

Telephone: 855-851-2974 (toll-free) or 317-833-1711

Fax: 855-851-2971

Email: [vistacare@imglobal.com](mailto:vistacare@imglobal.com)



Live Chat by [LivePerson](#)

OR CONTACT ME

JAY THE VISTA LEADER

[JKLYMAN@PHILLIPSFAMILYMN.ORG](mailto:JKLYMAN@PHILLIPSFAMILYMN.ORG)



